United States District Court

for the

Southern District of Texas

HEART TO HEART HOSPICE OF GREATER HOUSTON, LLC)))
Plaintiff(s) V.) Civil Action No. 4:24-cv-00204
XAVIER BECERRA, in his official capacity as Secretary, United States Department of Health & Human Services))))
Defendant(s)	<i>)</i>)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) XAVIER BECERRA, in his official capacity as Secretary, United States Department of Health and Human Services, 200 Independence Ave. S.W.

Washington, District of Columbia 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney,

whose name and address are: Beth W. Petronio

K&L GATES LLP

1717 Main Street, Suite 2800

Dallas, TX 75201

Email: beth.petronio@klgates.com

Telephone: 214-939-5500

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



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Civil Action No. 4:24-cv-00204

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

was re	This summons for <i>(nan ceived by me on (date)</i>	ne of individual and title, if any) .			
	☐ I personally served	the summons on the individual a	nt (place)		
			on (date)	; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name)				
	, a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or ☐ I served the summons on (name of individual), verify designated by law to accept service of process on behalf of (name of organization)				
		on (date)			
	☐ I returned the sumn				
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty	is true.			
Date:					
			Server's signature		
			Printed name and title		
			Server's address		

Additional information regarding attempted service, etc: